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CONFIRMATION NO. 3165

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/581,290		379	4141	36-1990

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/GB04/04970 11/25/2004

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0328035.1 12/03/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/01/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance /G.A.B./ Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		GBN	3	18	2

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TITLE

Communications method and system

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit